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ABSTRACT

This paper explores whether taking a course in health has an effect on college students' lives. Gettysburg College (Pennsylvania) redesigned a health class and taught it to all incoming freshmen during their first semester. Student journal entries, written at the end of each class, provided feedback to instructors; instructors read and responded to each entry prior to the next class. Students reported that they want and need an academic experience where they can feel comfortable having an open discussion with their instructor and their peers, and that this class provided that opportunity. An in-depth evaluation completed at the end of the course provided additional feedback. Students reported they increased their knowledge to a greater degree than they reevaluated their behavior. Similarly, students reevaluated their behavior to a greater extent than they changed their behavior. Students reported more increased awareness than behavior change in all areas studied. Overall, the course met its goal of having students begin to reevaluate and/or change their attitudes and/or behavior in a variety of areas in their lives. Findings of the project suggest that: (1) having the class during their first semester was beneficial to most students; (2) students may be more successful in changing behavior when classroom exercises are structured so that each topic is examined in relationship to students' current behaviors; and (3) students who are most successful at changing behavior know how to identify an area of their life as needing attention, and have the tools necessary to initiate and follow-through with behavioral changes. Sample journal entries are included. Contains nine references. (ND)

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DOES STUDENT BEHAVIOR CHANGE AS A RESULT OF TAKING HEALTH

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DOES STUDENT BEHAVIOR CHANGE AS A RESULT OF TAKING HEALTH?

DR. CHRISTINE R. LOTTES

Following a long work day, you drive home and observe a disturbing number of young people smoking. As you browse the evening paper, headlines about teenage drug use and pregnancy seem to leap off the page. Leaning back in your chair, your mind drifts to the question that comes back to nag you time and time again, "Does the health I teach to my students actually have an effect on how they live their lives?"

In an effort to positively answer this question, Gettysburg College redesigned a health class and taught it to all incoming freshman during their first semester. A survey at the end of the course allowed students to report what effect the course actually had on their health attitudes and behaviors.

Program Overview

What was the vision of this redesigned class? In some ways it was philosophically similar to many other health/wellness classes (Kumpfer, Turner & Alvarada, 1991; McConatha, Shepherd & McConatha, 1990; Pezza, 1991; Richardson & Johnson, 1991; Seldin, 1991; Talabere, 1991; Wallerstein & Hammes, 1991): traditional classroom philosophy introduces wellness information in an attempt to stimulate action on numerous issues (nutrition, fitness, etc.) which have a direct bearing on an individual's health. The curriculum of the course was based on the premise that a preventative, whole person, self-responsible lifestyle is the most effective way to overall, lasting wellness. Furthermore, if a student believes in these concepts and is

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challenged to examine behaviors, the student will be better equipped to handle issues which affect him or her physically, emotionally, spiritually, intellectually, socially or environmentally.

Based on research (Erickson & Strommer, 1991; Upcraft, Gardner & Associates, 1989) on first year students, the decision was made by the respective institution to commit the personnel and finances necessary for all students to enroll in the course during their first semester on campus. The first semester was deemed a critical time for students to analyze the major dimensions of their lives, identify areas that need to be changed or strengthened, and begin taking action in these areas. In addition, by learning to make healthy decisions at the start of their college experience, it was hypothesized that students would make fewer harmful health-related decisions as well as understand how to change old behaviors which were impacting negatively on their lives.

To accomplish these objectives, it was determined that the course would be set-up as a seminar style class with fifteen to seventeen first year students per section. This decision required finding numerous instructors to staff 38 sections of the course. In order to accomplish this, instructors were "recruited" from within and from outside of the Department of Health and Physical Education. Twenty-six faculty, staff and administrators from various disciplines which included Student Life, Health and Physical Education, Athletics, German, Biology

and Chemistry were involved in teaching the Wellness Curriculum during the first semester. After being trained in the course material, many of these instructors taught without compensation. They strongly believed in the possible positive impact the course would have on the students and, ultimately, on the college as a whole. How were these instructors able to gage the impact the course was having on each student during the semester?

Student Journal Entries

Student journal entries, written at the end of each class, provided feedback to the instructor. Instructors read and responded in writing to each entry prior to the next class. Perhaps the most revealing evaluation of the course's effectiveness came from these daily journal entries (See Table 1). Students reported that they want and need an academic experience where they can feel comfortable having open discussion with their instructor and their peers. Students reported that this class provided this opportunity. Further feedback from students came in the form of an in-depth evaluation completed at the end of the course.

Student Evaluation

On the evaluation, students were asked to indicate the degree to which they increased their knowledge, reevaluated their behavior and/or changed their behavior in the topical areas studied. As a group (N=525), students reported they increased their knowledge in all twenty-one areas to a greater degree than they reevaluated their behavior. Similarly, students reevaluated

their behavior to a greater extent than they changed behavior. The topics where students reported the greatest increase in knowledge were stress management, time management, nutrition, sexual victimization, fitness, cognitive restructuring, sexually transmitted diseases and birth control, chemical health, eating disorders and goal setting. With this increased knowledge, more students indicated they reevaluated their behavior in the areas of time management, nutrition, fitness, stress management and goal setting then in the remaining areas. Of all the topics studied, nutrition, fitness, time management, stress management, environmental wellness and goal setting were the areas where the greatest number of students indicated they actually worked on behavioral change in their lives. As expected, students indicated a greater sense of awareness than behavioral change in all areas studied.

Instructor Evaluation

Instructors evaluated the course as an overwhelming success. All instructors felt the course should be continued in the Fall semester and in a discussion/seminar format. Instructors used a variety of approaches to topics (individual, dyad, triad or small group exercises and discussion; role plays; field trips; questionnaires; audiovisual aids to transmit information and spark discussion; 10-15 minute lectures with open-ended questions, and so on). The primary values of the course as perceived by the instructors included: teaching self-responsibility for a wellness lifestyle; modeling the behavior

and providing the resources for this lifestyle; exploring major life issues and showing their interconnectedness; attitude assessments and assistance with behavioral changes; developing relationships with peers and instructors; exposure to diverse opinions as well as discovering that others are dealing with the same issues; stimulating thinking and self-expression on sensitive issues; addressing topics not normally found in the college curriculum, and; complementing the academic mission by supporting students in potentially troublesome areas of their lives so they are free to perform academically.

Discussion

The interactive classroom setting of Health/Wellness allows students to take the knowledge they bring with them to college (while having the textbook, handouts and teacher as new knowledge sources), discuss issues and begin to examine behaviors and develop plans to support or modify behaviors or adopt new behaviors. Students are asking questions in class that they report they normally would not be able to ask elsewhere. Instructors are serving as compassionate and caring models to the students, which has encouraged students to reach out to other faculty members on campus. Students' journal entries are reporting a wealth of information. The feedback from Journal entries has allowed instructors to gain insight on how each session impacts on individuals and on the class as a whole.

The acceptance and appreciation of knowledge concerning health has frequently been unrelated to immediate lifestyle

behavior changes; however, the acceptance and appreciation may stimulate positive changes during a student's college career and during his/her entire life. This is the most important benefit derived from such a highly valued class.

Conclusion

Overall, the course met its goal of having students begin to reevaluate and/or change their attitudes and/or behavior in a variety of areas in their lives. It afforded students, during their first semester, the opportunity to think about issues which will impact their academic and personal lives.

But, from this course, can we answer the original question, "Does the health I teach to my students actually have an effect on how they live their lives?" Yes and No. Although this course demonstrated that your involvement can make a difference, remember that students, just like adults, have varying degrees of success in managing their lives. There will not always be a change in students' health behaviors. Although students may not always, and, in some areas, do not change their lifestyle, becoming more aware of health issues may be helpful for the future when they are developmentally more able to "listen" and respond. Subsequent studies with the same sample will tell us more about the long-term effectiveness of this approach to teaching Health/Wellness.

Recommendations

Is there a difference in behavior which correlates to when students enroll in health? When students were asked what

semester they would prefer to take the class, seventy-nine percent indicated it would be more beneficial to them to be involved in the class during their first semester as opposed to having the option of enrolling in the course in their second semester. Health educators may gain insight into when is the most beneficial time to present health to students by doing a follow-up survey on students who take health early in their academic career and comparing the results with data collected on those who wait to enroll in health.

Educators will also find that students will be more successful in changing behavior when the classroom exercises are structured so that they are challenged to examine each topic in relationship to their current behavior. This can occur through individual students responding to probing questions in a paper and pencil format or through the use of discussion groups of varying size, depending on the type of exercise being utilized. In addition, students benefit from assistance in developing a plan to modify a behavior which they have identified as a personal health risk. This plan needs to include short, intermediate and long term goals; cost/benefit analysis of behavioral change; reinforcers and support people in the change process; a strategy to apply when there are lapses in the desired behavioral change; an understanding of positive self-talk, and; instruction on how to graph the behavior so as to emphasize student success.

Students who are most successful at changing behavior not

only have digested the information which has allowed them to identify an area of their life as needing attention, but have the tools necessary to initiate and follow-through with behavioral change. The more the health educator can involve the student in the educational process by connecting the subject material to experiences the student has personally had or has witnessed in others, by discussing how each topic relates to him/her and by teaching the student how to take positive action, the greater the probability the student will attempt to address personal behavioral change.

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TABLE 1. SAMPLE JOURNAL ENTRIES

NOTE. Permission was given by individual students to anonymously share the entries included in this table.

The class became "fun" after we broke into our discussion groups and got to meet people. That is important, just by knowing the names of six people in this class I now know more in here than in any other. To finally speak more than one or two words in a class was also nice. Getting to know and talk to people will probably help me get through college for the next four years. (9/9)

I have taken several health classes in elementary school, junior high, and high school. However, all of these were strictly informational. I was first a bit annoyed at having to take another health course, but my outlook has changed. I know that I need to make some changes in my lifestyle to improve my health, etc., and I can see that this course is going to inspire me to do so. I am looking forward to this experience. (9/17)

GOAL SETTING

I was able to think about my long term goal. I always had sight of it, but never sat down and clearly wrote it down. I set some short term goals in order to reach it. Setting goals for myself has always been a challenge I look forward to achieving. My long term goal of a Masters in Civil Engineering is a tough one, but I know I can achieve. (9/5)

VALUES/BELIEFS

It's been a very long time since I have looked within myself and seen what I believe. Today's exercise was very helpful for me to see who I am. I think by hearing other people's beliefs it helps me see what I could add or leave off my beliefs. There are certain times in your life when you get caught up in your busy life and forget where you came from and what you believe in. It helps to stop and take a look at yourself. (9/12)

RELATIONSHIPS

I was amazed and comforted today by my class' willingness to speak. I was able to give my ideas freely and at the same time listen and relate to the ideas or problems others were revealing. The guys in my group especially were outspoken and willing to listen to some of my problems and through our discussion I realized how much we have in common. Relationships at college are scary...I think sometimes the hook-up comes first and then a deeper relationship is formed. It's strange and it's hard to figure out, especially as a woman and first-year student. Today's discussions were very relaxed and I felt very comfortable. (9/25)

SEXUALLY TRANSMITTED DISEASES/BIRTH CONTROL

The thought of STDs and pregnancies terrifies me! This discussion today has definitely made me an advocate of very safe sex! I can't even imagine getting pregnant or getting an STD at this period in my life. Question: I have a friend (honestly, it's not me) who's on the pill. She forgot to take it Tuesday and had sex Friday and Saturday. Is it possible she is preg? I didn't ask during class because everyone would have thought it was me, and it's really not! Thanks! (9/24)

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SEXUAL VICTIMIZATION

First, if a girl is wearing somewhat provocative clothing, she is exposing herself in a sexual-thought arousing manner. If she then goes out with a male who is found attractive by her, these feelings are going to intensify on both parties. Then, she may get to a point where she finds it easier to act on his impulses than resist, thus allowing him to engage in intercourse. This happens frequently. How the hell is this rape? Granted it is, but whose fault is this? Who should be blamed? Why should they be blamed. Great class. I may not sleep because of this! (9/24)

CHEMICAL HEALTH

I'm afraid of being caught up in alcohol abuse. I'm not really sure when to draw the line. Alcohol didn't really affect me till I got here. Now all of a sudden I don't know "How much is too much for me or my friends?" I don't drink a lot here but the people I know do. I worry about them and when they drink I don't know if I can trust them. I wonder if what they say when they are drunk is true or if they'll remember saying it. I never had this problem before since my friends at home don't drink. (10/10)

COMMUNICATION SKILLS

This class was kind of cool. I like learning about assertiveness. I have always thought of myself as rather assertive so evaluating myself was kind of reassuring. It kind of stinks that this class will be over in a few weeks. I think this is a great class. It is stress relieving and I think that's important to have for first semester students. (11/12)

DEATH AND DYING

I hate talking about death and dying. I feel like I've encountered it so often that it's the #1 topic in my life. If anything, however, it has made me appreciate my family that much more, but it has also made me a bit bitter. I believe in God and Heaven and that people go on to a higher, greater being, but I will never understand why prayer doesn't give in--not even once. I've never not "spoken to God" - but I have yelled! It's never made sense to me--I've been to eight funerals in five years and still, the whole process is bewildering. At least I know if I go tomorrow, I'll have friends there, waiting!!! (11/12)

SAME STUDENT--TWO ENTRIES LATER I understand what you're saying about how the prayers are answered--but I guess it hurts more--a lot more--when they're not answered the way we want them to be. I know that God hears me, but in moments of anger and mourning--it can only make one wonder. I just noticed the other day in church--that no matter how pissed off or disappointed I was at a loss--I never turned away from God--I don't think I ever could. I guess I really do trust in him. (11/19)

DIVERSITY

I have a Klan chapter in my town, and I know some of the people in it. And they aren't bad people. They were brought up that way and can't change. It's like being taught what God to believe in. But I listen to anybody's opinions--be it the KKK, Black Power, W.A.R. or any other group. It's good to know about different things. I don't think it is bad to be like that. (11/18)

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